

Consent Form

for Capillary Blood Lead Testing

Most children who have lead poisoning do not look or act sick, but even small amounts of lead can make it hard for your child to learn, pay attention, or behave appropriately. A blood lead test is the only way to tell if your child has been exposed to lead. The purpose of this screening is to provide a public health service to the community.

Child's Name:

First _____ MI _____ Last _____

Date of Birth: ____/____/____ (Month/Day/Year) **Age:** _____ **Sex:** M ☐ F ☐

Address:

Street _____

City _____ State _____ Zip _____

Phone: (_____) _____

I give permission for my child to receive blood lead testing. I am the legal parent/guardian of the child listed above, and I am authorized to grant such permission.

I understand that this screening is voluntary. I will be told the results of the screening test, and the results will be reported to the Washington State Department of Health, as required by law. I also understand that a blood lead level above 10 µg/dL means my child needs to go to a health care provider to confirm the results. I understand that if my child has been exposed to lead, it is my responsibility to get any follow-up treatment for my child that may be needed.

To test for lead exposure, a nurse will prick my child's finger to collect a few drops of blood. The blood will be tested with a portable test machine. The results will be available in about five minutes. There are no common serious risks. There may be temporary tenderness at the puncture site. Standard skin cleaning techniques will be used to minimize the very small risk of an infection associated with the finger stick.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian